

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: JAGR/OTP

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** ZO09010010 **DATE OF SITE VISIT:** MAY 11, 2010
2. **GRANT PERIOD:** 10/01/09 TO 03/31/11
3. **RECIPIENT/IMPLEMENTING AGENCY:**
ALAMEDA COUNTY/DEPARTMENT OF BEHAVIORAL HEALTH CARE SERVICES
4. **PROJECT DIRECTOR:**
MARYE L. THOMAS, MD.

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>BEVERLY MCGUINESS</u>	<u>ROUTINE PROG</u>	<u>BHCS</u>
<u>IVY ALON</u>	<u>ROUTINE FISCAL</u>	<u>BHCS</u>
<u>ROBERTA MCKEAN</u>	<u>SUPERVISOR</u>	<u>BHCS</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

<u>Signature of Program Specialist</u>	<u>Date</u>	<u>Signature of Section Chief</u>	<u>Date</u>
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<u>Signature of Project Representative</u>	<u>Date</u>
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PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

1. OPERATIONAL DOCUMENTS

YES NO N/A

Review hard copy/verify the ability to access on line:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company's name | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond number | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Description of coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond period | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Grant award number | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form A, Employee Dishonesty | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form B, Forgery Coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Certified Exempt | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

4. PROOF OF AUTHORITY (R.H. Section 1350)

YES NO N/A

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

☒ ☐ ☐

Comments:

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒ ☐ ☐

Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.)

☒ ☐ ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]

☒ ☐ ☐

- Do the personnel policies include:

- Work hours
- Compensation rates including overtime and benefits
- Vacation, sick, and other leave allowances
- Hiring and promotional policies

☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file ☐ ☐ ☒
 - Job application ☒ ☐ ☐
 - Resume ☒ ☐ ☐
 - Performance evaluations ☒ ☐ ☐
 - Salary rates ☒ ☐ ☐
 - Benefits ☒ ☐ ☐
 - Current job duties/descriptions ☒ ☐ ☐
 - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
 - Name of individual who approves purchases.

 - Name of individual who writes checks.

 - Name of individual(s) who signs checks.

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	YES	NO	N/A
10. <u>SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]</u>			
• Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project maintain an accurate inventory log of equipment purchased with grant funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

11. PROJECT EXPENDITURES

• Is the project's expenditure rate commensurate with the elapsed period of the grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Is the project up-to-date with the submission of Cal EMA Form 2-201?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

First quarter 201 for Oct-Dec just submitted to CalEMA. Second quarter 201 for Jan March will be submitted shortly.

12. MATCH REQUIREMENTS

• Does the project have a match requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is the project meeting the match requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Review the supporting documentation to substantiate cash or in-kind match.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

13. EEO POLICY

• Go over EEO checklist. (Separate document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

ADDENDUM TO SITE VISIT REPORT

Met with project staff who were very efficient in understanding CalEMA and JAGR/OTP grant guidelines. No technical assistance requested or required as project staff seem very familiar with understanding CalEMA's grant process.

Conducted an administrative review on all documents which did not pose a challenge to the project as they have an understanding in the process and were highly knowledgeable. Review of the project's Program Summary remains the same. Alameda's Behavioral Health Services are ahead of schedule with their budget as they indicated they will have exhausted the funds by June 30, 2010 and will be shutting down the project due to lack of funds. The Project Director indicated they do not anticipate any changes with the proposed budget, thus, there will not be any need to complete a modification. They are aware of the need to submit a modification 223 form accompanied by new budget pages to show the change if there are any changes within the budget pages. Project showed me their Time Study Allocation plan for the staff being funded on this project. No problems or issues with time reporting.

The Routine Programmatic person mentioned she will be retiring and handed me a new Project Contact sheet identifying the new staff person. A modification and new signature authorization will not be required as this person has no authority to sign any required signatures pages. Routine Programmatic person indicated that she is in the process of training the new person on the OMB reporting and the PMT reporting.

Project Director expressed disappointment on PMT and OMB training because it was promised during the Project Directors training, however, indicated she was able to maneuver her way around the BJA website after completing her first PMT reporting. The staff indicated that the email reminders for the PMT reporting and OMB Jobs Data Collection are very helpful reminders.

Alameda County Behavioral Health grant is in compliance with the Offender Treatment Program RFA as well as the Recipient Handbook. No findings to report.